

Tell us about your child

Child's name:		
Gender:		
Date of birth:		
Ethnicity:		
Child's home add	lress:	
Your child's m	nedical req	uirements
Does your child h	ave any healt	h needs?
	Yes 🔲	No 🔲
If yes, please deta	il what these	are:
Special dietary red	quirements?	
	Yes	No 🔲
If yes, please let u	s know what	these are:
Any allergies?	Yes 🔲	No 🔲
If yes, please deta	il what these	are:
For more information Maple Cross, ple	ase contact	us on

Footsteps-Nursery.com/Maple-Cross

Footsteps Maple Cross Application form

Thank you for your interest in registering your child at Footsteps Pre-School Maple Cross.

Please fill out the below form, scan and email it to us at: Maplecross@footsteps-nursery.co.uk

We look forward to hearing from you!

1st parent's or carer's name:
Home telephone: Daytime telephone: Mobile number: Email address:
Daytime telephone: Mobile number: Email address:
Mobile number:Email address:
Mobile number:Email address:
Email address:
(
2nd parent's or carer's name:
Relationship to child:
Home telephone:
Daytime telephone:
Mobile number:
Email address:
Home address (if different from child):

			wnen would y	ou like your ch	ild to start at		
In the unlikely event of an emergency, please provide us with the below details.			Footsteps? dd / mm / yyyy				
			Confirming your child's place				
Emergency contact:		I enclose a non-refundable payment of					
Emergency contact number:			£50.00 for the starter pack. Payment of fees will commence from the start date				
Relationship to child:			given above, unless arranged otherwise				
Doctors name:			with minimum of one months notice. Our				
Doctors contact n	umber:		starter pack in Footsteps bool	-	-shirt and a		
Doctors Address: _		Signade					
			Signed: Print:				
			Date:				
Your child's sessions - Term time only (open 7.30am - 6pm)							
Please tick the below boxes to indicate which sessions you would like:							
Pre-School Sessions	Monday	Tuesday	Wednesday	Thursday	Friday		
Morning Session 9.00am - 12.00 noon							
Lunch Club 11.45am - 12.00 noon							
Afternoon Session 12.00pm - 3.00pm							
Flexible Sessions	Monday	Tuesday	Wednesday	Thursday	Friday		
Please write in specific times in day boxes:							
(e.g. 7.30am - 1.00pm, 9.00am - 6.00pm)							
Eunding							
Funding Are you claiming 2 year o	ld's place funding?	Yes, if so, p	olease answer below	No No			
Are you claiming 3/4 year old funding? Yes No If yes, 15 hours 30 hours							
Universal Extended Funding code:N.I. number:							
Please provide your childs NHS number for funding purposes?							
Fees Food & Nutrition - All ages - £6.60 per hour - Lunch club £3 - Breakfast available daily (8am - 9am only), cereal, toast and a drink - £1.00							

Your child's start date



Emergency contact details

Footsteps Pre-School - Maple Cross

If you have any questions about your application, please call us on **01923 710818**, email us on **Maplecross@footsteps-nursery.co.uk** or visit our website at **Footsteps-Nursery.com/Maple-Cross**

- Hot lunch available - £2.90 (provided by Hertfordshire County Council, please ask a member of staff for a menu.)